Essex Cares Limited

ECL Regaining Independence Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

A comprehensive inspection took place on 7 June 2018 and was announced. We gave the registered manager 24 hours' notice of the inspection because the location provides a domiciliary care service, we needed to make sure that staff would be in the office for us to speak with and to arrange visits for us to observe care being given in people's homes.

ECL Regaining Independence Service is regulated to provide personal care to people in their own homes.

At the time of our inspection, approximately 94 people were using the service. People were referred to the service following hospital discharge or through social services. They follow a time limited, 're-enablement' programme of support which helped them to attain planned goals and regain their independence they had lost as the result of a specific event, such as an accident or through illness.

People receiving the service had a range of needs and told us they received personalised care that supported them to regain the independence.
The service was last inspected in March 2016. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People and their relatives felt safe using the service and that staff were trustworthy. People received safe care and treatment. Risks to people's health and safety were appropriately assessed and mitigated. Guidance was provided to staff on how to manage people's risks. People were supported to attain their goals and have maximum choice and control of their lives.

People received personalised care that supported them to regain the independence they had lost as the result of a specific event, such as an accident or through illness. People helped to set goals they aimed to achieve and were supported by staff in this. Complaints were managed and responded to appropriately.

Staff had been trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse was taking place. Safe recruitment practices were in place so that suitable staff were engaged to work in the care profession. Staff were not always prompt in arriving at people's homes at the stipulated time, but it was recognised that some people needed additional support which varied from day to day and could delay the timings of visits. Accidents and incidents were reported and managed appropriately.

People's medicines were managed safely by trained staff. Many people using the service told us they managed their own medicines independently. For the people that had support to take their medicines, these were well managed by staff at the service. Staff supported people to have ready access to food and

drink.

Depending on their needs, people using the service received care for up to nine weeks. Staff had a good understanding of people's needs and how best to support them to achieve the desired outcomes. The provider's remit was to support people to regain their levels of independence as much as was possible and they were encouraged in this process by staff when they visited people in their own homes. A relative explained how one staff member was on hand when their family member took a shower, but only helped when necessary. The relative said, "Staff are fantastic. They can't do enough."

People told us that staff treated them with dignity, respected their privacy and made them feel at ease. We saw staff treating and discussing people with dignity and respect and being considerate.

People were involved in their care and support and were encouraged to be active in giving feedback about how the service was run. People were asked for their views about the service through surveys sent by the provider. A large majority stated they were happy with the service and were likely to recommend it to friends or family. The service demonstrated good management and leadership and staff felt supported to raise any concerns they had.

People's health needs were monitored well and staff were responsive in seeking treatment.

The service was well led by the registered manager who had support from the provider in ensuring that quality assurance systems were effective. The provider invested in staff training and career development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

ECL Regaining Independence Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 June 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to make sure that staff would be in the office for us to speak with and to arrange visits for us to observe care being given in people's homes. Two inspectors carried out the inspection.

At the last inspection in March 2016 the service was rated Good. At this inspection we found the service remained Good.

Before the inspection, we reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

The registered provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited and spoke with two people in their homes and their support worker, a relative, an occupational therapist, two administrative staff, the registered manager, deputy manager and the provider's head of quality and corporate governance, regional manager and director.

Following the inspection we spoke with three people and one relative by telephone and two staff. We also received feedback from a healthcare professional and a representative from the local authority's commissioning team, both of whom have given their permission for their comments to be included in this report.
We reviewed a range of records relating to people's care which included nine care plans, seven in the office and two in people's homes. We also looked at four staff records which included information about their training, support and recruitment. We reviewed people's Medication Administration Records (MARs). We looked at audits, minutes of meetings with people and staff, policies and procedures, accident and incident reports and other documents relating to the management of the service.

Good

Is the service safe?

Our findings

At the last inspection in March 2016, we rated this key question as 'Good'. At this inspection, we found this key question remained 'Good'.

Systems previously implemented were effective in identifying and reducing the risks to people. Risks to people were assessed and managed to support people to be safe. The assessments identified potential risks to the person and how they and staff could mitigate these risks.

Risks to people had been assessed based on their care and support needs recorded by the referring agency. People told us they had been involved in the planning of their care and setting goals for regaining their independence. Risk assessments contained information relating to people's mobility, medicines and their environment. One person's care plan assessed risks associated with moving and handling and their level of independence was evaluated. Any equipment needed to assist people in mobilising were recorded.

Systems showed that people's medicines continued to be managed consistently and safely by staff. People we visited in their homes had been assessed as safe to administer their own medicines. One person told us that the carers always checked that they had taken their medicines and during a home visit we observed a carer completing this check.

Some people did require support to take their medicines, for example, a prompt from carers or needed medicines to be administered directly by staff. Medicines were administered safely. People were receiving their medicines according to the dosages and directions recorded in their medication records. Records reflected the assistance people needed in the management of their medicines.

Staff told us that new staff are observed giving medicines to people on three occasions before their competency to give medicines safely is approved. All staff complete a medicines refresher course annually and their competencies are assessed. Auditing systems were in place to ensure that the procedure for medicine administration worked effectively and any issues could be identified and addressed.

Staff continued to demonstrate a good knowledge of safeguarding procedures and the processes around reporting of concerns. Staff explained clearly the need to support people with any concerns they had about their safety. Staff told us that they were encouraged to raise concerns and that these would be dealt with. The registered manager was proactive in promoting and encouraging staff to raise concerns and active reporting. Root cause analyses of missed visits and safeguarding's were undertaken. A health professional told us that staff were knowledgeable, identified risks and took steps to document and report concerns.

Incidents and accidents were recorded and monitored through the provider's own recording systems. There was clear evidence of learning and seeking to improve ongoing support through actions and analysis within the registered manager's comments. These included seeking further health support or the updating of risk assessments and care plans.

Records showed and staff told us that there were enough staff available to meet people's needs. People and their relatives felt safe using the service and that staff were trustworthy. Records confirmed that the provider ensured people's needs could be safely met by sufficient levels of staffing. People gave us mixed responses about consistency of staff and whether appointments were missed or if staff arrived late. We asked people whether the same staff provided care and received a mixed response. People and relatives told us that staff were all positive, kind and caring. People understood that appointments were within a two-hour window and that times could not be exact. The provider told us that priority was given to new people referred to the service and explained it was difficult to provide an exact time because care staff worked flexibly and spent time with people as needed.

Staff recruitment practices were safe. Staff were only able to start working following satisfactory references, including checks with previous employers. Staff held a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff of good character were supporting people safely.

Good

Is the service effective?

Our findings

People's needs and choices continued to be assessed effectively and comprehensive care plans were developed based on these assessments. People's needs were regularly assessed against their re-enablement goals. People told us that the number of visits from staff reduced when their needs decreased and they were regaining independence. People's support was effective in achieving the desired outcomes. People's care plans were personalised with information relevant to the care and support provided.

An external health professional told us, "ECL support our customers to remain safe and independent as possible at home. The Community Reablement Service is very successful and many customers have improved or achieved aims with the support of ECL support workers."

The provider continued to have a robust recruitment and selection process in place that ensured they employed appropriate staff. Staff told us they received the training and support they required to care for people and completed a comprehensive induction. Staff were allocated a member of staff as their 'buddy' while they were in training. Staff completed the Care Certificate and were encouraged to pursue further training such as National Vocational Qualifications; these are work-based training qualifications. One person told us that their carers were well trained. The service had 14 bank staff, bank staff were trained and supervised in the same way as permanent staff.

Staff were well supported to be able to undertake their roles. They told us, "It's all about the customer. We have regular supervisions every three months. Most days you get feedback anyway and [named deputy manager] is marvellous. We have a high calibre of staff now. We attract staff who are more likely to stay". Another staff member told us that they felt supported and that the management were very good, they liked that the service pay staff for time to travel and their mileage. Records showed that staff received formal supervision and annual appraisals.

In addition to training considered essential to the role, other training was available to staff, for example, in relation to stoma care and Parkinson's disease. New staff completed training through e-learning and an induction programme. A staff member told us, "New staff shadow and we show them the standards expected of them. We do pride ourselves on a high standard. There's a lot more training coming on board now too, which we've asked for".

Re-enablement training was available for new staff, this trained staff in tools to encourage people using the service to increase their independence and reduce dependency. An external health professional told us how there was a marked improvement after staff were given training on record-keeping and documentation.

People's health needs were monitored effectively and they were supported to access the health care services they needed. One person told us that their carer had helped them to get support from a physiotherapist and arranged for a 'tippy kettle' to be delivered so that the person was able to make a hot drink at home safely while they recovered from being in hospital.

Some people required support in the preparation of meals at home. On one visit, the carer checked with the person that they had eaten their breakfast prior to our arrival and that they had sufficient drinks. The carer also checked the person could access their fridge easily for food and drinks. People were supported to eat in accordance with their religious or cultural beliefs or practices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. We checked whether the service was working within the principles of the MCA and staff understanding of the requirements of the MCA. Staff had undertaken training in this area and knew what to do if they had concerns about a person's capacity.

Capacity assessments had been completed and were located within people's care records. One person had appointed their relative to be their Lasting Power of Attorney (LPA) and had been authorised to make decisions on their behalf. Whilst the care record documented that the relative had LPA, details of it were not clear. We brought this to the attention of the provider and they resolved this swiftly.

The service had systems to identify the most vulnerable people and had business continuity plans in place. For example, in poor weather where the weather caused the roads to be dangerous the service used a charity that helped transport care staff to people's homes.

Good

Is the service caring?

Our findings

People were supported by staff that were attentive, kind and caring. Staff had a good understanding of their needs and wishes.

One person told us, "It's like seeing a friend visiting, I look forward to seeing my carer". The same person told us that they had a laugh and a chat with the staff. Another person told us that staff were, "always cheerful and take time with you, nothing is any trouble."

During our home visits, we saw that people were completely involved in decisions relating to their care and that their views were listened to and acted upon. For example, one person was concerned that a new item of equipment they needed to assist them in the bathroom had not been delivered. The carer immediately put a call through to an occupational therapist to check on when the equipment would be delivered.

Goals were set with people when they were assessed and started to receive support from the service. These were discussed with people at each home visit and the progress that had been made, or what further support might be required, to help them achieve their goals to becoming more independent.

One person told us that they had received support visits from staff for six weeks and that over that time the appointments had been reduced with their consent, as they regained their independence. People were involved in decisions relating to their care and professionals and relatives were also involved where appropriate. An external health professional told us, "The staff at ECL are very caring and compassionate with our customers and due to the complex needs of some of our customers they take time to ask questions and have a better understanding of customers' health needs to ensure their needs are met."

One person told us that the carers were, "really lovely" and that they would help with anything they needed which was above and beyond. They explained further, "Like taking the bins out, picking up the post or emptying the dishwasher." An external professional involved with the service told us that staff have a caring approach and go above and beyond the service they are providing.

Staff ensured people's privacy and dignity. One person told us, "The carers are very good at upholding my dignity and giving me privacy and being respectful". Another person told us about when the carer would help them to have a shower and added, "The carers were fantastic, I never felt embarrassed, awkward or uncomfortable." Another person told us that they felt the carer gave them care with dignity and respect and told us that their carer helped them feel very at ease.

During a home visit, the carer checked on the condition of one person's leg which needed monitoring due to a previous skin problem. This was done discreetly and sensitively. On another home visit, the carer stayed outside the person's bathroom door, giving them the privacy they needed to have their shower. The staff member was readily available should the person need help.

Staff were respectful when speaking about people. Staff were considerate of the equality and diversity needs

of people including protected characteristics. Care staff actively considered people's cultural or religious preferences.

The provider was proactive in ensuring that they complied with Accessible Information Standards and had a policy in place. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service adapted information to meet people's needs for example by printing in other languages, providing information in Braille, making easy to read versions of literature or using pictures. The service provided sensory impairment training for staff and employed staff that have a sensory impairment. The service has British Sign Language champions that share information and provide in-house training to staff. Where a person using the service does not have English as their first language, the registered manager, where possible, would pair-up staff that spoke the same language. This showed how they considering the diverse needs of people using the service and valuing the diversity of staff.

Technology was used to improve recording, reporting and delivery of care. Carers used the provider's intranet portal to input information about people and check people's needs quickly. The intranet portal also allowed the service to have oversight of calls and supported staff safely when lone working.

Good

Is the service responsive?

Our findings

People were continuing to receive care in a personalised way. Care plans reflected people's re-enablement goals and included goals relating to health, physical, mental, social and emotional needs. A commissioner told us, "Of the people using the service 62 per cent of these will achieve the objectives set and not require ongoing provision when they leave the service. A further 20 per cent will significantly reduce the input they receive. The County Council views this as extremely effective given that almost 80 per cent of referrals received come from a hospital setting."

Care plans were personalised and detailed in promoting people's independence. Personalised plans prioritised the activities that the person could undertake for themselves, supplemented then by support they needed assistance with from staff. Staff encouraged people to regain their levels of independence as much as was possible when they visited people in their homes. A relative explained how one staff member was on hand when their family member took a shower, but only helped when necessary. The relative said, "Staff are fantastic. They can't do enough. They assist him with his shower, but also wait outside the door". The registered manager held a weekly panel to review people's needs and to review their progression against their goals. Frontline care staff were encouraged to attend this meeting as a developmental opportunity and to provide their feedback on people's progress.

Some people had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR). DNACPR forms are completed by healthcare professionals when it is considered that resuscitation, in the event of the person suffering cardiac arrest, would be futile or unsuccessful. People were aware when they had DNACPR in place and one person we visited showed us where the paperwork was kept. It was important that the paperwork could be found easily in an emergency, such as when paramedics were called out.

No one at the service was at the stage where they required direct support with end of life care. The service has supported people that were receiving palliative care and worked well with other agencies such as hospice care. Where the service could not support a person due to their changing needs the staff liaised with external professionals to identify a more appropriate service for the person. The service has an End of Life Care Champion and all staff received end of life care training. Staff were well equipped and were very good at supporting family members as well as the people using the service when they were being provided with end of life care.

The service continued to be prompt and were thorough in dealing with complaints. The provider had a complaints policy that was provided to people in their welcome pack to the service. This explained the timescales within which people could expect a response. No complaints had been made and people told us they knew how to complain and how to raise concerns.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a positive culture where staff and management took pride in the care and support that they provided and that promoted an approach that was person-centred, inclusive and empowering. The registered manager was clear on the re-enablement and regaining independence goals that staff supported people to achieve. People and relatives were happy with the way the service was managed.

Staff spoke positively about the openness and support that the registered manager provided to them and people using the service. A staff member told us that the service goes above and beyond and cares about the people receiving the service and its staff. There was an equality and diversity policy and training delivered to all staff. Factsheets were available to staff relating to religious and cultural needs and preferences. The service was committed to ensuring equality of opportunity and fairness to its staff and valued the diversity of staff. Staff told us that diversity was celebrated at the service and that the service was proactive in meeting the needs of staff with protected characteristics. Staff were well supported by the provider and received a range of benefits from the provider.

Staff were seen to be engaged and involved. The provider has a dedicated workforce policy and strategy. There was a staff newsletter which celebrates achievements outside of work such as charity fundraising events, as much as achievements at work where a staff member has been acknowledged as going above and beyond their normal duties. Every month there was an 'employee star' who won a prize such as gift vouchers. Results of a staff survey were reviewed and showed that staff felt positive about working for the service, for example 61 per cent of staff fed back that they had an employee voice that is listened to. Staff were encouraged and supported to progress within the service. Staff were engaged through monthly staff meetings and social events for staff and team building exercises. Staff groups met frequently and regular supervision was carried out for all staff.

The provider was in the process of developing 'staff champions'. These were staff members who had volunteered to do additional training and learning on a topic, with the idea that what they learned, they could share with other staff. A staff champion could also be the person other staff would go to if they needed more information and guidance on the subject. For example, one carer told us they were going to be the staff champion on epilepsy and that they would be completing training in this area. They said, "It's taken a while, but this training is all coming in".

The provider organised roadshows where they visited the service's office and communicated to staff through the newsletter. "You say, we do" talks were planned to explain how staff feedback has been taken forward to improve the service. This improvement in the visibility of senior management was in response to feedback from the staff survey. People were involved in their care and support and were encouraged to be

active in giving feedback about how the service was run. People were asked for their views about the service through surveys sent by the provider. A large majority stated they were happy with the service and were likely to recommend it to friends or family, 313 compliments had been submitted by people and relatives in the last 12 months.

An external healthcare professional told us, "The managers and support leads from ECL make sure the service they provide run smoothly and any concerns or issues that arise are actioned as soon as possible. They are all professional, approachable and very knowledgeable."

There was a range of audits in place to monitor the quality of the care delivered carried out by the registered manager and quality team for the provider. Accidents and incidents were analysed, any patterns or trends identified and action plans put in place to prevent reoccurrence, together with lessons learned. The provider monitored a range of quality 'performance indicators' across its services. Where improvements had been identified through the auditing process, plans were put in place and action taken.

The provider held a quality improvement forum and the registered managers across the provider met to share best practice. The quality assurance team had a safeguarding and Mental Capacity Act lead. The provider used the Director of Social Services (ADASS) quality workbook assessment model to provide a robust quality assurance system.

Staff and management worked well in partnership with other agencies and professionals. An external health professional told us, "Any concerns raised regarding customers in the past have always been dealt with by ECL in a timely manner and they have kept me informed throughout."

Records showed that staff communicated effectively with a range of health care professionals to ensure that people's needs were considered and understood so that they could access the support they needed. The registered manager maintained good contact with relevant local authorities.

An external professional told us that, "Communication with the commissioner is good and staff appear to be well informed." An external health professional told us that staff were good at flagging concerns and worked collaboratively and that there was a good level of trust and communication.